FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT DEP. DEP. IND. AS FILED DEP IND. IND. DEP. DEP. IND. DEP. _1 TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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